
CHAPTER 1. ARMY NATIONAL GUARD (ARNG) RESPONSIBILITIES

1-1. ARMY NATIONAL GUARD SUPPLEMENT TO AR 40-61, *MEDICAL LOGISTICS POLICIES AND PROCEDURES*

a. This issue in the SB 8-75-series consolidates all ARNG information into one publication.

b. AR 40-61, provides ARNG specific guidance found in this edition of the SB 8-75-S10. The AR 40-61 citation makes this guidance applicable to the ARNG.

c. Point of Contact (POC) for this information is NGB-ARS, telephone DSN 327-7146 / Comm 703-607-7146 or Telefax extensions 7187.

1-2. ARNG SOURCES OF MEDICAL LOGISTICS ASSISTANCE (AR 40-61)

The United States Army Medical Command (USAMEDCOM) provides logistics assistance and support to ARNG medical units and activities. This command has divided the world into Regional Medical Commands (RMCs). You are encouraged to establish coordination through your Major Command (MACOM) to your supporting RMC for required assistance. The following is a list of RMCs and the states they support:

1. North Atlantic RMC supports: CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, MN, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, WV.

POC: DSN 662-0833 / Comm 202-782-0833: telefax ext. 6142/3910.

MAILING ADDRESS: Commander, NARMC
ATTN: MCAT-OP
Bldg. 1, Room D406, WRAMC
Washington DC 20307-5001

2. Southeast RMC supports: AL, FL, GA, MS, PR, SC, TN, VI.

POC: DSN 773-2470 / Comm 706-787-2470: telefax ext. 2484 /DSN 2482.

MAILING ADDRESS: Commander, SERMC
ATTN: MCSE-R, Bldg 40709
Fort Gordon GA 30905-5650

3. Great Plains RMC supports: AR, AZ, CO, IA, KS, LA, MO, MT, ND, NE, NM, OK, SD, TX, UT, WY.

POC: DSN 421-2309 /2365 / Comm 210-295-2309 /2365; telefax ext. 2335 / 2288.

MAILING ADDRESS: Commander, GPRMC
ATTN: MCGP-OPS
2410 Stanley Road, Suite 121
Fort Sam Houston TX 78234-6200

4. Western RMC supports: AK, CA, GU, HI, ID, NV, OR, WA.
POC: DSN 782-4123 / Comm 206-968-4123, telefax ext. 4145.

MAILING ADDRESS: Commander WRMC
 ATTN: MCHJ-RMC, MARMC
 Tacoma WA 98431

1-3. MEDICAL SUPPLY SUPPORT OF THE ARMY NATIONAL GUARD BY USA MEDCOM ACTIVITIES (AR 40-61)

a. Army National Guard medical units, organizations and installations are authorized and encouraged to receive medical supply support from the MEDCOM element with area support responsibility for the geographic area in which the unit/organization /installation to be supported is located. A delineation of Regional Medical Commands (RMCs) and the Medical Activity (MEDDAC) or Medical Center (MEDCEN) responsible for each is found in *AR 5-9* (dated 16 October 1998), *Area Support Responsibilities*, and appropriate MEDCOM Regulation.

b. Such support is contingent upon establishment of a support agreement with the supporting MEDDAC or MEDCEN including a possible funding procedure. When supply support is to be provided to a unit or installation, the unit or installation will submit the required DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) through the United States Property and Fiscal Officer (USPFO) to the supporting MEDDAC or MEDCEN. The USPFO will validate the form, ensuring that limitations concerning the materiel authorized for request are stated on the form. A Medical Corps Officer should sign DA Form 1687 for controlled drug supply support. The State Surgeon may be requested to perform this function and monitor the requesting of controlled substances by installations without an assigned physician.

c. When controlled substances are requested, they may be transmitted directly from the Installation Medical Supply Activity (IMSA) at the MEDDAC or MEDCEN to the requesting unit/installation to facilitate security and accountability. In this case, bypassing the USPFO is authorized; however, receiving documentation must be provided to the USPFO in accordance with (IAW) each state/territory's SOP. Units/installations in close proximity to the supporting IMSA will be required to have an authorized individual personally receipt for the controlled substances. Issues to remote units will be shipped by registered mail, return receipt required. When a support agreement is negotiated, the USPFO must ensure an audit trail is established.

d. MEDDAC or MEDCEN should be viewed as the primary source of:

(1) X-ray film and x-ray chemicals. (Rationale: USPFO will generally find the MEDDAC or MEDCEN more cost effective than local purchase or requisition through S9M.)

(2) Controlled substance(s). (Rationale: The Defense Supply Center Philadelphia (DSCP) will not honor ARNG requisitions for Code "R" or "Q" controlled substances. They must be obtained through the supporting MEDDAC or MEDCEN; the MEDDAC or MEDCEN procures through Prime Vendor (PV) contracts.)

e. See Chapter 3 this bulletin for medical maintenance specific supply support.

1-4. SPECIFIC GUIDANCE PERTAINING TO VARIOUS TYPES OF MATERIEL

a. Routine requests for Non-expendable equipment will not be requested through a supporting MEDDAC or MEDCEN unless during mobilization the IMSA can be utilized.

b. Aviation units and flight facilities authorized aviation survival kits may request those kits from the IMSA at the supporting MEDDAC or MEDCEN. Loperamide Hydrochloride Tablets, NF (NSN 6505-01-238-5632), is no longer a NOTE "Q" item. Doxycycline Hyclate (NSN 6505-00-009-5060) is authorized at 28 tablets per kit. Doxycycline is to be taken 1 tablet a day for 28 days.

c. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) provides instructions for destruction of military items, Military Item Disposal Instructions (MIDI), through a web site on the Internet. The site can be accessed at: <http://chppm-www.apgea.army.mil/hmwp/>. The MIDI team can be reached at DSN 584-3651 or 1-800-276-MIDI (6434)-5237.

d. When negotiating supply support, initial contact should be made with the Chief, Logistics Division, of the MEDDAC or MEDCEN. Funding arrangements will require further coordination with the MEDDAC or MEDCEN Comptroller.

e. It is the policy of the MEDCOM to provide responsive support, within the limits of their capabilities, to the ARNG. See Chapter 3 for medical maintenance support.

1-5. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROCEDURES (AR 40-61)

a. Capital investment medical equipment is defined as equipment with a unit price of \$100,000.00 or more "each" (sets are not considered capital investment medical equipment). If capital investment equipment is authorized to an ARNG element by other than Modified Table of Organization and Equipment (MTOE), it must be acquired using MEDCASE procedures.

b. Preparation of MEDCASE requests shall be in accordance with DA *SB 8-75-MEDCASE*.

c. The Chief Surgeon, Army National Guard (NGB-ARS), will perform the review and approval, and overall program management functions designated for major medical commands by DA *SB 8-75-MEDCASE*.

d. States are reminded that the Table of Distribution Allowances (TDA) must authorize any capital expense medical equipment prior to the initiation of MEDCASE action. Procurement requires submission of DA Form 5027-R (MEDCASE Program Requirement) and 5028-R (MEDCASE Support and Transmittal Form) IAW *SB 8-75-MEDCASE*.

1-6. COMMANDERS REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL (AR 40-61)

a. Each commander of a medical element, which operates a physical examination station, will establish a formal program for reviewing the consumption of durable medical items. The program should be designed to improve supply discipline, emphasize economy, and focus attention on the prudent use of resources.

b. Commanders will conduct annual consumption reviews of the 20 durable items the activity has spent the most money on during the last year. The items will be reviewed for potential savings and for increases in usage from year to year. Reviews may also be conducted on other durable items for which the activity desires control visibility, such as items experiencing a high-loss rate. From this review, items will be selected for intensive management.

c. At the conclusion of the period, actual usage should be reviewed against established usage levels. Activities will document the review, to include corrective action taken, or the cause(s) for usage in excess of the established rate.

d. These reviews will be retained for two years, used for internal audit, and presented to inspectors, i.e., Command Logistics Review Team (CLRT).

1-7. ARNG CLASS VIII MATERIEL MANAGEMENT COURSE

a. The ARNG Class VIII materiel management course will be conducted annually. A memorandum with course date and location will be published and distributed to USPFO Class VIII Managers.

b. The course is intended to provide Class VIII Commodity Managers, Deputy State Surgeons and medical maintenance and supply personnel with the tools and current policies required to properly manage Class VIII (medical and dental) materiel.

1-8. HOW TO REQUEST SB 8-75 SERIES AND SB 8-75-S10

a. Personnel working in the medical supply arena must have the SB 8-75 series and *SB 8-75-S10* in their logistics library. The SB 8-75 series pertains to Army Medical Department supply information and the S10 provides specific guidance concerning medical materiel for the ARNG.

b. Distribution. Copies of the DA SB 8-75 Series may be downloaded from the USAMMA website at <http://www.usamma.army.mil/>.

1-9. PRIME VENDOR (PV) SYSTEM

a. The Department of Defense (DoD) system for providing Class VIII to users has adopted "best commercial practices" from the private sector. In January 1993, the Office of the Secretary of Defense (OSD) issued a policy stating that all DoD components are to employ direct delivery from vendors to end-users whenever it is cost effective and responsive to end users' requirements. The medical PV initiatives fulfill that mandate, but at a cost in terms of service to small, off-post customers such as ARNG units and activities.

b. The intent of the DoD medical PV is to:

- ◆ Reduce inventory-carrying costs.
- ◆ Reduce product costs by using the consolidated buying power of DoD.
- ◆ Provide customers' responsiveness equal to the existing commercial standard (in most cases, product delivered within 24 hours of ordering).
- ◆ Provide military users with an enhanced product selection, comparable to that available to civilian institutions.

c. As the medical PV program is structured, benefits are directed to the DoD fixed Medical Treatment Facilities (MTF). Impacts on the ARNG include:

- ◆ A reduction of the price and an increase in choices of FSC 6505 materiel;
- ◆ A decrease, in most states, of the labor component involved in ARNG acquisition of FSC 6505, if sourced directly or indirectly from a PV; and
- ◆ A decrease in Order-Ship Time (OST) for materiel sourced from a PV, as compared with OST for materiel sourced via MILSTRIP from the National Inventory Control Point (NICP).

d. The two main challenges the ARNG faces because of the pharmaceutical and medical/surgical PV initiatives are:

- ◆ How to obtain responsive support from the designated PVs or alternative sources of supply.
- ◆ How to provide USPFOs with the ability to perform the expanded roles of Class VIII Supply Support Activities (SSAs).

e. The following service standards have been identified for pharmaceutical PV support to the ARNG:

- ◆ How to obtain responsive support from the designated PVs or alternative sources of supply.
- ◆ Orders originate in ULLS-S4 (where available) and flow through SARSS-1, SARSS-2AC, and the Defense Automated Addressing System (DAAS) to the source of supply. Within the State, the transaction is an automated MILSTRIP/Military Standard Billing System (MILSBILLS) transaction.
- ◆ NSN to PV stock number conversion takes place above the state level.
- ◆ The delivery standard is 7 days after receipt of the order by the PV, with 48-hour premium service available.
- ◆ Eligible delivery locations include all ARNG Department of Defense Automated Address Codes (DODAACs). Deliveries will be required only to USPFOs, TMCs, Army Aviation Support Facilities (AASFs), State Area Command (STARC) medical detachments, and Modified Tables of Organization and Equipment (MTOE) medical companies.
- ◆ Aggregate costs, including delivery, are equal to or less than the current cost for the same materiel requisitioned MILSTRIP with an acquisition advice code (AAC) of "2A."
- ◆ There are potentially four ARNG FSC 6505 service alternatives.
- ◆ USPFOs routing requisitions to their supporting IMSAs, for fill by the supporting PV.
- ◆ USPFOs acquiring PV terminals and submitting their requirements directly to the PV.

♦ Establishing a pharmaceutical PV contract specifically for support of the ARNG.

♦ USPFOs submitting MILSTRIP requisitions through the NICP, using AAC 2A. The NICP would refer to a vendor for Direct Vendor Delivery (DVD).

♦ The Logistics Intelligence File (LIF) determines the TRM (Training Resource Model) dollars and it is imperative that demand history is captured so that Class VIII OPTEMPO dollars can be validated in the Program Objective Management (POM).